2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State
04-18-2007 90189 046 ****66.25
05-04-2007 90086 013 *****3.75

DOCUMENT # 722621

1. Entity Name

HOUSE OF GOD THE PENTECOSTAL CHURCH OF THE LIVING GOD THE GATES OF HEAVEN, INC.

Principal Place of Business	Mailing Address
830 SW 4TH ST HOMESTEAD FL 33030	10730 S.W. 218 ST. GOULDS FL 33170 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2591056 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORTIMER, MOTHER DAISY 10730 SW 218 ST. GOULDS FL 33170	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing agent)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PB WILLIAMS, BISHOP CHARLES 10720 SW 218 ST. GOULDS FL	☐ Delete	ASST. T CHARLIE WILLIAMS, JR.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SRE MORTIMER, DAISY 10730 S.W. 218 ST. GOULDS FL	☐ Delete	D CALDWELL, BISHOP DENNIS	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD CALDWELL, LONNIE C. 995 NW 9 AVE. FLORIDA CITY FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SMD CALDWELL, CHARLIE 995 NW 9 AVE FLORIDA CITY FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GMD WILLIAMS, ANNIE S. 10720 S.W. 218 ST. GOULDS FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MAYO, JOE 13510 SW 226 ST NARANJA FL	☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mother Daisy Mortimer S/R/E, MOTHER, DAISY MORTIMER 305-251-0739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/30/07